## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10876887

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |              |                                   |              |   |       | SMALL ENTITY TYPE |                        |        | OTHER THAN<br>OR SMALL ENTITY |                        |  |  |  |  |  |
|--|--|---|--------------|-----------------------------------|--------------|---|-------|-------------------|------------------------|--------|-------------------------------|------------------------|--|--|--|--|--|
| TOTAL CLAIMS   |  |   | 3)           |                                   | (0010111112) |   | Ė     | RATE FEE          |                        | 1<br>1 | RATE                          | FEE                    |  |  |  |  |  |
|  |  |   | <i></i>      |                                   | NII IN IN    | SD EVTDA  |       | ASIC FEE          | <del></del>            |        | BASIC FEE                     | 770.00                 |  |  |  |  |  |
| FOR  |  |   | NUMBER FILED |                                   | NUMB         | ER EXTRA  | F     | 70101 66          | 365.00                 | OR     | DAGIO I EE                    | 770.00                 |  |  |  |  |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 5 mir        | nus 20=                           | <u>*  </u>   |   |       | X\$ 9=            | _                      | OR     | X\$18=                        | 216                    |  |  |  |  |  |
| IN   | DEPENDENT CL                                   | _AIMS                                     | minus 3 = *  |                                   |              |   |       | X43=              |                        | OR     | X86=                          |                        |  |  |  |  |  |
| ML   | ILTIPLE DEPEN                                  | IDENT CLAIM P                             | RESENT       |                                   |              |   |       | +145=             |                        | OR     | +290=                         |                        |  |  |  |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |              |                                   |              | -   | TOTAL |                   | OR                     | TOTAL  | 976                           |                        |  |  |  |  |  |
| CLAIMS AS AMENDED - PART II  |  |   |              |                                   |              |   |       | •                 |                        | •      | OTHER                         | THAN                   |  |  |  |  |  |
|  |  | (Column 1)                                | (Column 2)   |                                   |              | (Column 3)  |       | SMALL E           | ENTITY                 | OR     | SMALL                         | NTITY                  |  |  |  |  |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUMB<br>PREVIO<br>PAID F | BER<br>USLY  | PRESENT<br>EXTRA  |       | RATE              | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |  |  |  |  |  |
|  | Total  | *   | Minus        | **                                |              | =   |       | X\$ 9=            |                        | OR     | X\$18=                        |                        |  |  |  |  |  |
|  | Independent                                    | *   | Minus ;      | ###                               |              | =   |       | X43=              |                        | OR     | X86=                          |                        |  |  |  |  |  |
| 4  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                   |              |   | ┝     |                   |                        |        |                               |                        |  |  |  |  |  |
| · ·  |  |   |              |                                   |              |   |       | +145=             |                        | OR     | +290=                         |                        |  |  |  |  |  |
|  | •  |   |              |                                   |              |   |       | TOTAL<br>DIT. FEE |                        | OR.    | TOTAL<br>ADDIT. FEE           |                        |  |  |  |  |  |
| _  | ·  |   |              |                                   |              |   |       |                   |                        |        |                               |                        |  |  |  |  |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUMB<br>PREVIO<br>PAID F | BER<br>USLY  | PRESENT<br>EXTRA  |       | RATE              | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |  |  |  |  |  |
|  | Total  | *   | Minus        | **                                |              | =   |       | X\$ 9=            |                        | OR     | X\$18=                        |                        |  |  |  |  |  |
|  | Independent                                    | *   | Minus        | ###                               |              | = .   |       | X43=              |                        | OR     | X86=                          |                        |  |  |  |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                   |              |   |       | 1.15              |                        |        | .000                          |                        |  |  |  |  |  |
|  |  |   |              |                                   |              |   | Ľ     | 145=              |                        | OR     | +290=<br>TOTAL                | •                      |  |  |  |  |  |
|  |  |   |              |                                   |              |   |       | DIT. FEE          |                        | OR     | ADDIT. FEE                    | <u>-:</u>              |  |  |  |  |  |
| (Column 1) (Column 2) (Column 3)   |  |   |              |                                   |              |   |       |                   | • •                    |        |                               |                        |  |  |  |  |  |
| AMENDMENT C  |  | CLAIMS REMAINING AFTER AMENDMENT          |              | NUMB<br>PREVIO<br>PAID F          | ER<br>USLY   | PRESENT<br>EXTRA  | ı     | RATE              | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |  |  |  |  |  |
|  | Total  | *   | Minus        | **                                |              | =   | ,     | X\$ 9=            |                        | OR     | X\$18=                        |                        |  |  |  |  |  |
| MEN  | Independent                                    | *   | Minus        | ***                               |              | =   |       | X43=              |                        |        | X86=                          |                        |  |  |  |  |  |
| ۷  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                   |              |   |       |                   |                        | OR     |                               |                        |  |  |  |  |  |
| +145=  |  |   |              |                                   |              |   |       |                   |                        | OR     | +290=                         |                        |  |  |  |  |  |
| * 1  |  |   |              |                                   |              | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** TOTAL ADDIT. FEE  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |       |                   |                        |        |                               |                        |  |  |  |  |  |